

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning

and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization</p> <p>EXPEDITION INSPIRATION FUND</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</p> <p>PO BOX 4289</p> <p>City or town, state or country, and ZIP + 4</p> <p>KETCHUM, ID 83340</p>	<p>D Employer identification number</p> <p>91-1646381</p> <p>E Telephone number</p> <p>(208) 726-6456</p> <p>F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No
(If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ **WWW.EXPEDITIONINSPIRATION.ORG**

J Organization type (check only one) 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶ **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **355,624.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

	<p>1 Contributions, gifts, grants, and similar amounts received:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;"></td> <td style="width:60%;">a Contributions to donor advised funds</td> <td style="width:5%;">1a</td> <td style="width:30%;"></td> </tr> <tr> <td></td> <td>b Direct public support (not included on line 1a)</td> <td>1b</td> <td style="text-align: right;">227,199.</td> </tr> <tr> <td></td> <td>c Indirect public support (not included on line 1a)</td> <td>1c</td> <td></td> </tr> <tr> <td></td> <td>d Government contributions (grants) (not included on line 1a)</td> <td>1d</td> <td></td> </tr> <tr> <td></td> <td>e Total (add lines 1a through 1d) (cash \$ 226,914. noncash \$ 285.)</td> <td>1e</td> <td style="text-align: right;">227,199.</td> </tr> </table>		a Contributions to donor advised funds	1a			b Direct public support (not included on line 1a)	1b	227,199.		c Indirect public support (not included on line 1a)	1c			d Government contributions (grants) (not included on line 1a)	1d			e Total (add lines 1a through 1d) (cash \$ 226,914. noncash \$ 285.)	1e	227,199.		
	a Contributions to donor advised funds	1a																					
	b Direct public support (not included on line 1a)	1b	227,199.																				
	c Indirect public support (not included on line 1a)	1c																					
	d Government contributions (grants) (not included on line 1a)	1d																					
	e Total (add lines 1a through 1d) (cash \$ 226,914. noncash \$ 285.)	1e	227,199.																				
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	35,612.																				
	3 Membership dues and assessments	3																					
	4 Interest on savings and temporary cash investments	4	337.																				
	5 Dividends and interest from securities	5																					
Revenue	6 a Gross rents	6a																					
	b Less: rental expenses	6b																					
	c Net rental income or (loss). Subtract line 6b from line 6a	6c																					
	7 Other investment income (describe)	7																					
	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other																				
	b Less: cost or other basis and sales expenses	8a																					
	c Gain or (loss) (attach schedule)	8b																					
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c																					
	8d	8d																					
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>																						
	a Gross revenue (not including \$ 137,837. of contributions reported on line 1b)	9a	92,476.																				
	b Less: direct expenses other than fundraising expenses	9b	76,651.																				
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 1																				
	9c	9c	15,825.																				
Expenses	10 a Gross sales of inventory, less returns and allowances	10a																					
	b Less: cost of goods sold	10b																					
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c																					
	11 Other revenue (from Part VII, line 103)	11																					
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		278,973.																			
	13 Program services (from line 44, column (B))	13		142,860.																			
	14 Management and general (from line 44, column (C))	14		47,928.																			
	15 Fundraising (from line 44, column (D))	15		41,458.																			
	16 Payments to affiliates (attach schedule)	16																					
	17 Total expenses. Add lines 16 and 44, column (A)	17		232,246.																			
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	46,727.																				
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	91,837.																				
	20 Other changes in net assets or fund balances (attach explanation)	20	0.																				
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		138,564.																			

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 2	
22b Other grants and allocations (attach schedule) (cash \$ <u>57,422</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	57,422.	57,422.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	0.	0.	0.	0.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	62,866.	20,746.	21,374.	20,746.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes	4,570.	1,508.	1,554.	1,508.
30 Professional fundraising fees				
31 Accounting fees	3,780.		3,780.	
32 Legal fees	728.		728.	
33 Supplies	8,228.	2,715.	2,798.	2,715.
34 Telephone	4,214.	2,528.	843.	843.
35 Postage and shipping	2,101.	1,261.	420.	420.
36 Occupancy	17,464.	5,763.	5,938.	5,763.
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel	400.			400.
40 Conferences, conventions, and meetings	32,096.	32,096.		
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	909.		909.	
43 Other expenses not covered above (itemize):				
a BANK CHARGES	2,493.			2,493.
b COMPUTER COSTS	6,903.	2,278.	2,347.	2,278.
c CONTRACT LABOR	11,521.	3,802.	3,917.	3,802.
d OTHER TAXES	490.			490.
e INSURANCE	6,036.	2,716.	3,320.	
f PROMOTIONAL ITEMS	10,025.	10,025.		
g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	232,246.	142,860.	47,928.	41,458.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶	Program Service Expenses
FUND RAISING FOR BREAST CANCER RESEARCH All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a GRANTS ARE MADE TO VARIOUS INSTITUTIONS TO BE USED FOR BREAST CANCER RESEARCH (Grants and allocations \$ 57,422.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	84,093.
b THE EXPEDITION INSPIRATION FUND HOLDS AN ANNUAL MEDICAL SYMPOSIUM TO ACCELERATE THE DEVELOPMENT OF NEW, EFFECTIVE TREATMENTS FOR BREAST CANCER (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	58,767.
c (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	142,860.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	113,846.	122,992.
	46 Savings and temporary cash investments	20,054.	5,385.
	47 a Accounts receivable	47a	
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	13,213.	11,821.
	53 Prepaid expenses and deferred charges	2,145.	2,145.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
	56 Investments - other		56
	57 a Land, buildings, and equipment: basis	57a 24,464.	
b Less: accumulated depreciation STMT 3	57b 22,582.	2,734.	
58 Other assets, including program-related investments (describe ▶ NET INTANGIBLE ASSETS)	310.	58 253.	
59 Total assets (must equal line 74). Add lines 45 through 58	152,302.	59 144,478.	
Liabilities	60 Accounts payable and accrued expenses	2,365.	60 914.
	61 Grants payable	58,100.	61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe ▶ DEFERRED REVENUES)	0.	65 5,000.
66 Total liabilities. Add lines 60 through 65	60,465.	66 5,914.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	91,837.	67 138,564.
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	91,837.	73 138,564.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	152,302.	74 144,478.	

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		X
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
85a	N/A		
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85b	N/A		
85c	Dues, assessments, and similar amounts from members		
85c	N/A		
85d	Section 162(e) lobbying and political expenditures		
85d	N/A		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
86b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87a	N/A		
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88a			
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89c	0.		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89d	0.		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed ID, CA		
90b	Number of employees employed in the pay period that includes March 12, 2007		3
91 a	The books are in care of KATIE POWELL Telephone no. (208) 726-6456 Located at P.O. BOX 4289, KETCHUM, ID ZIP + 4 83340		
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
91b			

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c

If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a BREAST CANCER SYMPOSIUM			07		35,612.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	337.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	15,825.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		16,162.	35,612.
105 Total (add line 104, columns (B), (D), and (E))					51,774.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	BREAST CANCER RESEARCH

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here	<div style="display: flex; justify-content: space-between;"> ▶ Signature of officer</div>	Date		
	<div style="display: flex; justify-content: space-between;"> ▶ PRESIDENT</div> Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ THOMAS & JOHNSTON, CHTD. P.O. BOX 3234 KETCHUM, ID 83340	EIN ▶	Phone no. ▶ (208) 726-9007	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization

EXPEDITION INSPIRATION FUND

Employer identification number

91 1646381

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III **Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	265,246.	306,902.	323,235.	375,390.	1,270,773.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	38,482.	22,150.	53,809.	53,010.	167,451.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	50.	70.	81.	264.	465.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEMENT 5	10,000.	10,000.
23 Total of lines 15 through 22	303,778.	329,122.	377,125.	438,664.	1,448,689.
24 Line 23 minus line 17	265,296.	306,972.	323,316.	385,654.	1,281,238.
25 Enter 1% of line 23	3,038.	3,291.	3,771.	4,387.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 25,625.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,281,238.
d Add: Amounts from column (e) for lines: 18 465. 19 _____ 22 10,000. 26b _____					26d 10,465.
e Public support (line 26c minus line 26d total)					26e 1,270,773.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.1832%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

Employer identification number

EXPEDITION INSPIRATION FUND

91-1646381

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization EXPEDITION INSPIRATION FUND	Employer identification number 91-1646381
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	KAPP FAMILY FOUNDATION 555 13TH STREET NW WASHINGTON, DC 20004	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DEBORAH AND BRIAN KING 8029 FRONTAGE ROAD MANHATTAN, MT 59241	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	DIANE WARREN FOUNDATION 10100 SANTA MONICA BLVD, STE. 1300 LOS ANGELES, CA 90067	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	BRISTON-MEYERS SQUIBB COMPANY P.O. BOX 5200 PRINCETON, NJ 08543-5200	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	KATHLEEN GRANT, MD P.O. BOX 6500 ROSS, CA 95957	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	MAVERICK CAPITAL CHARITIES 300 CRESCENT COURT 18TH FL DALLAS, TX 75201	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization EXPEDITION INSPIRATION FUND	Employer identification number 91-1646381
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	CALIFORNIA COMMUNITY FOUNDATION 445 S. FIGUEROA STREET STE 3400 LOS ANGELES, CA 90071-1638	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	JO BRYANT CRENSHAW 2128 DIXON LANE EAST BEACH SAINT SIMONS, GA 31522-3114	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	PRIVE 2328 SAN YSIDRO DRIVE BEVERLY HILLS, CA 90210	\$ 18,067.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	STEPHEN M GALBRAITH 63 DELAFIELD ISLAND ROAD DARIEN, CT 06820	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	ST. LUKES FOUNDATION P.O. BOX 100 KETCHUM, ID 83340	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	FURNITURE & FIXTURES							
1	GIFTMAKER SOFTWARE							
	04/01/98	SL	3.00	16	972.		972.	0.
4	DESK/CHAIR							
	01/17/97	SL	7.00	16	682.		682.	0.
5	CHAIR							
	08/22/97	SL	5.00	16	579.		564.	0.
6	COMPUTER							
	09/01/97	SL	5.00	16	3,250.		3,033.	0.
7	DESK							
	12/15/98	SL	7.00	16	373.		373.	0.
8	2 HP PRINTERS							
	02/01/99	SL	5.00	16	4,000.		4,000.	0.
9	2 IMACS/1 POWERBOOK							
	02/01/99	SL	5.00	16	7,500.		7,500.	0.
10	GIFTMAKER SOFTWARE							
	03/27/00	SL	3.00	16	1,195.		1,195.	0.
11	DESK							
	09/25/00	SL	7.00	16	250.		225.	25.
12	IMAC							
	10/16/00	SL	5.00	16	1,522.		1,522.	0.
13	COMPUTER							
	01/15/03	SL	5.00	16	1,784.		1,428.	356.
14	COMPUTER DESIGNS							
	07/01/06	SL	5.00	16	1,560.		156.	312.
15	MAC MINI							
	07/01/06	SL	5.00	16	797.		80.	159.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES							
					24,464.	0.	21,730.	852.
	MANAGEMENT AND GENERAL							
2	TRADEMARK							
	01/28/97		180M	43	245.		159.	16.
3	TRADEMARK							
	04/17/97		180M	43	621.		397.	41.
	* 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL							
					866.	0.	556.	57.
	* GRAND TOTAL 990 PAGE 2 DEPR & AMORT							
					25,330.	0.	22,286.	909.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 3

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
GIFTMAKER SOFTWARE	972.	972.	0.
TRADEMARK	245.	175.	70.
TRADEMARK	621.	438.	183.
DESK/CHAIR	682.	682.	0.
CHAIR	579.	564.	15.
COMPUTER	3,250.	3,033.	217.
DESK	373.	373.	0.
2 HP PRINTERS	4,000.	4,000.	0.
2 IMACS/1POWERBOOK	7,500.	7,500.	0.
GIFTMAKER SOFTWARE	1,195.	1,195.	0.
DESK	250.	250.	0.
IMAC	1,522.	1,522.	0.
COMPUTER	1,784.	1,784.	0.
COMPUTER DESIGNS	1,560.	468.	1,092.
MAC MINI	797.	239.	558.
TOTAL TO FORM 990, PART IV, LN 57	25,330.	23,195.	2,135.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 4
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
HEIDI MICKELSON P.O. BOX 2590 KETCHUM, ID 83340	CHAIR 10.00	0.	0.	0.
NANCY KNOBLE P.O. BOX 484 ENTERPRISE, OR 97828	VICE CHAIR/SECRETARY 10.00	0.	0.	0.
EVIE SAUERS P.O. BOX 3074 SUN VALLEY, ID 83353	TREASURER 10.00	0.	0.	0.
CHRIS DECK 621 POWELL PLACE NEWPORT BEACH, CA 92663	DIRECTOR 0.00	0.	0.	0.
KATHRYN HENDRICKSON 1772 LAKEMOOR WAY EAGLE, ID 83616	DIRECTOR 0.00	0.	0.	0.
ANDREW JOHNSTON P.O. BOX 928 HAILEY, ID 83333	DIRECTOR 0.00	0.	0.	0.
SUZANNE PERE MULENOS P.O. BOX 6192 SUN VALLEY, ID 83353	DIRECTOR 0.00	0.	0.	0.
STEPHANIE OLSON P.O. BOX 3794 KETCHUM, ID 83340	DIRECTOR 0.00	0.	0.	0.
TERI ROSEMAN 6461 WYNKOOP CT LOS ANGELES, CA 90045	DIRECTOR 0.00	0.	0.	0.
ROBERT F. VESTAL M.D. 2021 N. STONEVIEW PLACE BOISE, ID 83702	DIRECTOR 0.00	0.	0.	0.
JULIE WATSON MSN, CRNP P.O. BOX 2144 HAILEY, ID 83333	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		0.	0.	0.

SCHEDULE A	OTHER INCOME			STATEMENT	5
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
MISCELLANEOUS INCOME	0.	0.	0.	10,000.	
TOTAL TO SCHEDULE A, LINE 22	0.	0.	0.	10,000.	

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

EXPEDITION INSPIRATION FUND

FORM 990 PAGE 2

91-1646381

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	852.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs.	MM	S/L	
		/	27.5 yrs.	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	
		/		MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	852.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%						
	:	%						
	:	%						

27 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%				S/L -		
	:	%				S/L -		
	:	%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2007 tax year:

	:				
	:				

43 Amortization of costs that began before your 2007 tax year **43** 57.

44 Total. Add amounts in column (f). See the instructions for where to report **44** 57.

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

728951/12-14-07

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	92,476.00
	2	Interest	2	337.00
	3	Dividends	3	00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets	6	00
	7	Other income SEE STATEMENT 2	7	35,612.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	128,425.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid SEE STATEMENT 3	9	57,422.00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	11	0.00
	12	Other salaries and wages	12	62,866.00
	13	Interest	13	00
	14	Taxes	14	4,570.00
	15	Rents	15	17,464.00
	16	Depreciation and depletion	16	909.00
	17	Other SEE STATEMENT 5	17	165,666.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	308,897.00

Schedule L Balance Sheets

Assets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
1 Cash		133,900.		128,377.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories		13,213.		11,821.
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans (number of loans _____)				
9 Other investments				
10 a Depreciable assets	24,464.		24,464.	
b Less accumulated depreciation	(21,730.)	2,734.	(22,582.)	1,882.
11 Land				
12 Other assets STMT 6		2,455.		2,398.
13 Total assets		152,302.		144,478.
Liabilities and net worth				
14 Accounts payable		2,365.		914.
15 Contributions, gifts, or grants payable		58,100.		
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 7				5,000.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		91,837.		138,564.
22 Total liabilities and net worth		152,302.		144,478.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1 Net income per books	46,727.	7 Income recorded on books this year not included in this return	
2 Federal income tax		8 Deductions in this return not charged against book income this year	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return		Subtract line 9 from line 6	46,727.
6 Total.	46,727.		

FORM 199	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
BREAST CANCER SYMPOSIUM	35,612.
TOTAL TO FORM 199, PART II, LINE 7	35,612.

FORM 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	3
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ACTIVITY CLASSIFICATION: BREAST CANCER RESEARCH

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNIVERSITY OF WASHINGTON	P.O. BOX 356043, SEATTLE, WA 98195	NONE	13,300.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
USC-NORRIS CANCER CENTER	UNIVERSITY PARK, LOS ANGELES, CA 90089	NONE	27,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
REGENTS OF THE UNIVERSITY OF MICHIGAN	503 THOMPSON STREET, ANN ARBOR, MI 48109	NONE	10,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
DARTMOUTH-HITCHCOCK MEDICAL CENTER	1 MEDICAL CENTER DRIVE, LEBANON, NH 03756	NONE	7,122.

TOTAL FOR THIS ACTIVITY	57,422.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9	57,422.
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FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
HEIDI MICKELSON P.O. BOX 2590 KETCHUM, ID 83340	CHAIR 10.00	0.
NANCY KNOBLE P.O. BOX 484 ENTERPRISE, OR 97828	VICE CHAIR/SECRETARY 10.00	0.
EVIE SAUERS P.O. BOX 3074 SUN VALLEY, ID 83353	TREASURER 10.00	0.
CHRIS DECK 621 POWELL PLACE NEWPORT BEACH, CA 92663	DIRECTOR 0.00	0.
KATHRYN HENDRICKSON 1772 LAKEMOOR WAY EAGLE, ID 83616	DIRECTOR 0.00	0.
ANDREW JOHNSTON P.O. BOX 928 HAILEY, ID 83333	DIRECTOR 0.00	0.
SUZANNE PERE MULENOS P.O. BOX 6192 SUN VALLEY, ID 83353	DIRECTOR 0.00	0.
STEPHANIE OLSON P.O. BOX 3794 KETCHUM, ID 83340	DIRECTOR 0.00	0.
TERI ROSEMAN 6461 WYNKOOP CT LOS ANGELES, CA 90045	DIRECTOR 0.00	0.
ROBERT F. VESTAL M.D. 2021 N. STONEVIEW PLACE BOISE, ID 83702	DIRECTOR 0.00	0.
JULIE WATSON MSN, CRNP P.O. BOX 2144 HAILEY, ID 83333	DIRECTOR 0.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

FORM 199	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	AMOUNT
BANK CHARGES	2,493.
COMPUTER COSTS	6,903.
CONTRACT LABOR	11,521.
OTHER TAXES	490.
INSURANCE	6,036.
PROMOTIONAL ITEMS	10,025.
DIRECT EXPENSES OF FUNDRAISING EVENTS	76,651.
ACCOUNTING FEES	3,780.
LEGAL FEES	728.
SUPPLIES	8,228.
TELEPHONE	4,214.
POSTAGE AND SHIPPING	2,101.
TRAVEL	400.
CONFERENCES, CONVENTIONS AND MEETINGS	32,096.
TOTAL TO FORM 199, PART II, LINE 17	165,666.

FORM 199	OTHER ASSETS	STATEMENT	6
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	2,145.	2,145.
NET INTANGIBLE ASSETS	310.	253.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	2,455.	2,398.

FORM 199	OTHER LIABILITIES	STATEMENT	7
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUES	0.	5,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	0.	5,000.

FORM 199	FUND BALANCES	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	91,837.	138,564.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	91,837.	138,564.	

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 91-1646381

Corporation name

California corporation number

EXPEDITION INSPIRATION FUND

2651394

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under Section 179 for California	1	\$25,000
2	Total cost of Section 179 property placed in service	2	
3	Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected Section 179 cost)	7	
8	Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	9	24,464.	21,730.				
15	Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					852.	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	852.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	852.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19	2 TRADEMARK					
	01/28/97	245.	159.		180M	16.
	3 TRADEMARK					
	04/17/97	621.	397.		180M	41.
	TOTALS	866.	556.			
20	Total. Add the amounts in column (g)					57.
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					57.
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12					0.

CA 3885		DEPRECIATION				STATEMENT 9	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 GIFTMAKER SOFTWARE	04/01/98	972.	972.	SL	3.00	0.	
4 DESK/CHAIR	01/17/97	682.	682.	SL	7.00	0.	
5 CHAIR	08/22/97	579.	564.	SL	5.00	0.	
6 COMPUTER	09/01/97	3,250.	3,033.	SL	5.00	0.	
7 DESK	12/15/98	373.	373.	SL	7.00	0.	
8 2 HP PRINTERS	02/01/99	4,000.	4,000.	SL	5.00	0.	
9 2 IMACS/1POWERBOOK	02/01/99	7,500.	7,500.	SL	5.00	0.	
10 GIFTMAKER SOFTWARE	03/27/00	1,195.	1,195.	SL	3.00	0.	
11 DESK	09/25/00	250.	225.	SL	7.00	25.	
12 IMAC	10/16/00	1,522.	1,522.	SL	5.00	0.	
13 COMPUTER	01/15/03	1,784.	1,428.	SL	5.00	356.	
14 COMPUTER DESIGNS	07/01/06	1,560.	156.	SL	5.00	312.	
15 MAC MINI	07/01/06	797.	80.	SL	5.00	159.	
TOTAL DEPR TO FORM 3885		24,464.	21,730.			852.	